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Dementia and Detectives: Alzheimer's disease in crime fiction

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Abstract

Fictional representations of dementia have burgeoned in recent years and scholars have amply explored their double-edged capacity to promote tragic perspectives or normalising images of 'living well' with the condition. Yet to date there has been only sparse consideration of the treatment afforded dementia within the genre of crime fiction. Focusing on two novels, Emma Healey's (2014) *Elizabeth is Missing* and Alice LaPlante's (2011) *Turn of Mind*, this article considers what it means in relation to the ethics of representation that these authors choose to cast as their amateur detective narrators women who have dementia. Analysing how their narrative portrayals frame the experience of living with dementia, it becomes apparent that features of the crime genre inflect the meanings conveyed. While aspects of the novels may reinforce problem-based discourses around dementia, in other respects they may spur meaningful reflection about it among the large readership of this genre.

Introduction

‘Fiction,’ wrote Arjun Appadurai, ‘like myth, is part of the conceptual repertoire of contemporary societies’ (1996, p.58). As creative and literary modes of engagement with dementia have come to span mainstream and arthouse cinema, documentaries, theatre, art, memoirs, biography, poetry, literary fiction and genre fiction, the field of cultural gerontology has burgeoned, stimulating new academic reflections on what insights the creative arts can offer into living with the condition (Kivnick & Pruchno, 2011; Marshall, 2015; Twigg & Martin, 2015; Zeilig, 2011). One key focus of these discussions has been the ethics of representation: lively debates have developed about the roles that individual works play in contributing to, or contesting, the societal stigmatisation of people with dementia. Although these discussions have ranged widely across the literary and cinematic landscape, to date there has been only sparse consideration of the treatment afforded dementia within the genre of crime fiction.¹ The crime genre is immensely popular and widely-read (Cavender, 2014), making it important to scrutinise the implications of dementia narratives that such works present to their readership.

Though its origins lie further back,² most analyses concur that the set of reader expectations that established a recognisably distinct crime fiction genre was consolidated in the inter-war years. Two distinctive sub-genres developed in this period, broadly characterised by contrasting narrative tone and political outlook: the predominantly British ‘Golden Age’ and the American ‘hard-boiled’ tradition. The former typically portrayed the classic ‘clue-puzzle’ of the amateur detective, frequently described rather genteel murders set in aristocratic circles, and followed a trajectory where resolution of the mystery through rational procedure generally led to relatively unproblematic restoration of the social order. ‘Hard-boiled’ authors,

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meanwhile, depicted widespread violence and corruption in a society where resolving a murder mystery could place only a temporary sticking-plaster on pervasive wrongdoing (Ascari, 2013). Many critics nevertheless long felt that such implicit social critique did not negate the fundamentally conservative nature of the detective fiction genre, arguing that even ‘hard-boiled’ or ‘noir’ writing ultimately followed the ‘death-detection-explanation’ formula (Knight, 2004) focused on identifying an individual criminal or criminals. With few exceptions, the reader identifies with a rational guide – the detective – whose role is to pick out a clear pathway through the confusions of the story before presenting the reader with a reassuring resolution where an identifiable, unambiguously guilty, culprit is punished. This familiar linear trajectory was commonly theorised to preclude a sophisticated engagement with deeper concerns (Moretti, 1983; Porter, 1981). Over time, however, crime writers have increasingly experimented with genre norms, while shifts in critical perspective challenged the prevailing formalist consensus; the diversity of crime fiction, and its potential to elicit open-ended interpretations and throw light on wider social or ethical issues, are now widely acknowledged (Ascari, 2013; Berges, 2006; Pearson & Singer, 2016).

Crime fiction has all along been analysed for what it reveals about changing cultural attitudes within society. Evans suggests the ‘possibility that reading fiction about crime is the most vivid account that we have of western societies’ various fears and preoccupations’ (2009, p.12). It is interesting to consider Evans’ hypothesis that part of the appeal of crime fiction is that it serves for readers to encounter their anxieties over risks such as violent death within the comfortingly reassuring confines of a familiar narrative. If she is correct, it is unsurprising that crime fiction is now taking as a theme not only murder and criminality, but that most dreaded of 21st-century threats, Alzheimer’s disease, commonly depicted in the media as an

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insidious but irresistible intruder sneaking behind the brain's defences to wreak havoc (van Gorp & Vercruysse, 2012, p.1276).

This image is only one of a set of damaging and fundamentally overstated tropes which critical gerontologists have shown to permeate mass media accounts of dementia. The symbolism of 'living death' and 'annihilation of self' (Aquilina & Hughes, 2006; Behuniak, 2011; Zeilig, 2014) is particularly prominent. Many fictional and biographical renderings of dementia experiences have tended to reinforce rather than challenge this perspective, adding to what Susan Sontag called the 'popular mythology' (1977, p.17) of prejudicial metaphors around illness. These representations overlook ways in which the person with dementia might be shown as the protagonist in their own story, emphasising dramatic decline to the exclusion of the person's continuing capabilities for joy, growth and meaningful relationships (Basting, 2009; Capstick et al., 2015; Chivers, 2011; Wearing, 2013).

Though it continues to hold sway in the public imaginary, this nihilistic 'tragedy discourse' (McParland et al., 2017, p.263) has been increasingly challenged. Greater attention is paid to the potential for 'living well' in the context of dementia, and has led to a welcome focus on ongoing agency, inclusion, and citizenship even as the disease advances. In the gerontological humanities, critics have highlighted works that affirm positive and optimistic visions of life with dementia, and criticised those that seem to foreground despair or marginalise the person who has the condition (Basting, 2009; Falcus, 2014).

The 'living well' perspective is a valuable antidote to the exaggerations of the 'tragedy discourse.' Yet McParland et al. (2017) detect a danger that in some contexts 'tragedy' and 'living well' have developed into a dichotomy that can blind partisans in either camp to the crossovers between them. The necessary corrective that privileging 'living well' poses to the presentation of dementia as insurmountable calamity thereby becomes an understandable but

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problematic reluctance to confront head-on open discussion of the harsher realities of the condition. Much as has happened with the ‘successful ageing’ movement (Lamb et al., 2017), they argue, the determination to support strengths, preserve selfhood and highlight capabilities can – if not exercised with caution – exclude those for whom complete ‘success’ is not a realistic outcome. Similar concerns are expressed by McInerney (2017) and Beard, who, while critiquing the deficit-focused medical model, urges acceptance of dementia ‘warts, wandering and all’ (2017, p.686). They offer a reminder that exaggerating the horror of life with dementia is not the only failing that literary depictions may incur. Excessive stylisation, sugar-coating or romanticising the condition minimise the challenges it poses, in ways that – at least in narratives that are at least partly realist in tone – can be both disrespectful to the lived experience of those affected by dementia and/or undermine the reader’s suspension of disbelief.

Negotiating this kind of balance presents writers with a challenge, one that moreover neither they nor their readers necessarily feel to be their foremost concern. No accomplished novel is reducible simply to a vehicle for the promotion of positive messages about dementia, and fiction may legitimately seek to unsettle or horrify rather than reassure. The ethical concerns prioritised by critical gerontologists, though relevant, may for authors be subservient to aesthetic concerns. Nonetheless, as the cumulative pressure of negative depictions of people with dementia has a very real effect on attitudes and optimism (Basting 2009), artistic license should not be grounds for neglecting critical scrutiny of the ethics of representation in dementia fiction, any more than such ethics should be the *only* measure of the works’ value. Dementia scholarship affirming the importance of an ethical lens echoes the substantial body of work in the humanities drawing attention to the critical blind spots that arise from ableist assumptions in creative production and analysis (Bolt 2012). In particular Mitchell and

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Snyder's notion of disability as a 'narrative prosthesis' (2000), or 'crutch' on which narrative leans to achieve its impact, has been influential in highlighting problematic but widespread tropes: the reduction of a person's identity or capabilities to their disability; uncritical evocation of stereotypical associations to stand in for the individual person; or the exaggeration of the difference represented by disability, most marked in the recurrent tendency to achieve narrative closure through the death, cure or exclusion of key characters with disability. Since much of the public "learn[s] disability perspectives from books more than policies" (Synder & Mitchell 2007, p.6), and since the prevailing associations of dementia within contemporary Western culture have been so relentlessly horrific, fictional representations matter.

Dementia in Crime Fiction

Dementia has featured in a number of crime novels. One is Martin Suter's (2003) *Small World*, where Konrad Lang's advancing memory loss leads to the uncovering of old secrets. In Michael Dibdin's Miss Marple pastiche, *The Dying of the Light* (1993), much of the narrative tension owes to uncertainty about whether care home resident Rosemary Travis's playacting of classic English detective story tropes in the midst of institutional abuse is indulged in knowingly or reflects senility. More recently, Fiona McFarlane's (2014) *The Night Guest* takes dementia as a central theme, charting the unfolding of a mysterious scam alongside the deteriorating cognition of its protagonist Ruth, the victim. Hemming Mankell too used it in his last Kurt Wallander mystery, to convey a sense of time running out for his protagonist, as the experienced detective's mental acuity faded; he finally marked a definitive end to the series by leaving Wallander in what Mankell calls 'the empty universe known as

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Alzheimer's Disease.' At this point, the narrator asserts, '[t]here is nothing more. The story of Kurt Wallander is finished' (2011, p. 501).

Elizabeth is Missing (EiM) and *Turn of Mind* (ToM), the two novels that form the centrepiece of this analysis, therefore do not want for company. However, what makes them distinctive is that, while both recognisably conform to the formal structure and genre conventions of classic detective stories, their narratives are written in first person from the perspective of a female protagonist who has dementia. To my knowledge, this makes them unique within the genre. While the mysteries are an integral part of the pleasure derived from the texts, the challenges of investigation in the face of significant forgetfulness and others' reactions to these failures of recollection are at least as compelling. Hence significant questions are raised about how these stories represent their heroines, and by extension the condition affecting them both. If nothing else, they seem to challenge directly Mankell's implicit message that the appropriate thing to do as dementia takes hold is to draw a discreet veil over proceedings and accept that 'the story [...] is finished.'

At first sight, detectives with dementia seem an incongruous concept. In the modernist detective story, the narrative purpose of the detective figure is

the closing of the logico-temporal gap that separates the present of the discovery of crime from the past that prepared it. [...] The detective encounters effects without apparent causes, events in a jumbled chronological order, significant clues hidden among the insignificant. And his role is to re-establish sequence and causality. Out of the nouveau roman of the offered evidence he constructs a traditional readable novel that ends up telling the story of the crime. (Porter, 1981, p.29-30)

Feminist accounts have noted how much crime fiction is dominated by heroic male detectives displaying characteristic qualities of reason, objectivity and readiness for action (Sherlock

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Holmes and Philip Marlowe being archetypal). They highlight how crime writing by women has sometimes destabilised these tropes through an anti-heroic treatment that undercuts the myth of the self-reliant sleuth who overcomes all obstacles through the power of deduction (Rowland, 2001). EiM's and ToM's distinctive protagonists make an innovative contribution to this tradition, evoking the question asked by Christopher Nolan's film *Memento* (2000): how can a detective solve a crime if s/he can't hold clues, or even events, in memory? S/he must fail or, as happens in that film, find that s/he has inadvertently solved another mystery altogether. The typically linear structure of the detective story is potentially confounded by the fragmented experience of temporality that characterises dementia. If seen purely in this light (for of course, there are criteria other than plot resolution against which crime fiction may be assessed [Marcus, 2003]), the crime story appears an unsuitable vehicle through which to explore the experience of dementia, and the experience of dementia an unsuitable theme on which to base a satisfactory crime story.

However, on further reflection, there are affinities between narrating the experience of dementia and detective fiction, which perhaps render the paradox less acute. Someone who has dementia is regularly engaged in detective work, as eddies of attention and memory confront him or her with the question of what is going on in the moment. It is not too much of a stretch to suggest that with some manifestations of the disease, phases of the individual's life may be made up of hundreds of little mysteries (how did this object get here? where was I going? who is this person and why do they seem to know me so well?). For example, people with dementia sometimes accuse family or friends of stealing from or playing tricks on them; they do so because this is the most rational deduction given the starting premise that they remember leaving the item in question in a particular place, but not having moved it. Among the metaphorical frames used to present dementia, the condition itself is often likened to a

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‘thief’ or ‘intruder’ (van Gorp & Vercruysse, 2012, p.1276), that is, an agent of crime itself.

Once we place in abeyance the expectation that the protagonists of mysteries should be uniquely insightful investigators, then, far from leaving the person with dementia ill-suited to perform the role of detective, what these narratives do is reveal the extent to which s/he actively employs detection in aspects of life on a daily basis. Maud, in *EiM*, obliquely alludes to this when, on ironically being sent to the Crime section of the library to look for a book about the missing Elizabeth, she comments ‘I have enough mystery in my life as it is’ (p.130).

Parallels between dementia and crime, mystery and detection should not be overstated, and co-opting people with dementia for detective narratives carries significant risks. Portrayals that highlight deficits, such as impaired recall, to the exclusion of the many other dimensions life holds contribute to building dementia into a monster that it does not need to be (Basting, 2009); inaccurate representations or exaggeration of specific difficulties, to which dramatic narratives are prone, give rise to misleading stereotyping and encourage pessimism among those receiving a diagnosis (Capstick et al., 2015, p.237). This is a danger to which readers should remain alert in their engagement with the text. At the same time, the ‘imagined reader’ should be given some credit for approaching texts with a modicum of criticality and awareness that crime fiction’s relationship with realism is not a direct one. Raymond Chandler, in his 1950 essay *The Simple Art of Murder*, noted that the core requirement for a classic detective story is that it should ‘contain the elements of truth and plausibility’ (n.p.), for without this the reader is not motivated to invest suspension of disbelief in the effort of solving the mystery. However, as he also entertainingly demonstrates, the frequency with which fictional crimes are solved by gifted amateurs rather than through the long, tedious slog of police work, already suggests that much crime fiction outside the police procedural does not strictly adhere to the conventions of realism. The evident artifice required to enable

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protagonists with quite advanced dementia to resolve their mysteries, whatever favourable concatenation of events facilitates them in doing so, reinforces this realisation in these novels. The portrayal of memory loss in these books is therefore unlikely to be taken as straightforwardly ‘realist’ by readers, though for the reasons noted by Chandler, nor can it be utterly implausible. The danger that aspects of the portrayal remain unremarked and, in their subtlety, fly under the reader’s critical radar remains ever-present, but equally should not automatically be permitted to dominate analytical interpretation.

Elizabeth is Missing

EiM’s detective, Maud, contends not with one mystery, but with two. As she searches for her missing friend, the eponymous Elizabeth, it becomes apparent that this present-day disappearance overlays a much older one. Maud’s sister, Sukey, vanished in the immediate post-war period of demobilisation and rationing, and as Maud’s narration switches between the two timelines, the individuals and events of past and present become jumbled in her thinking. Although this reflects the increasing cognitive difficulties Maud is experiencing, it also appears to result from her persisting awareness on some level that the stories are interlinked. Sukey’s body was concealed in Elizabeth’s garden years before, and Elizabeth is to be found in hospital following a fall occasioned by Maud’s discovery of the clue to Sukey’s location. The novel’s climax sees both mysteries resolved in quick succession, so that while Maud’s narrative credibility is dramatically undercut by the revelation that despite her suspicions Elizabeth’s absence is not sinister, soon afterwards she receives a degree of vindication for managing to solve a seventy-year ‘cold case’. However, on the face of it this success is cruelly undermined by the fact that Maud cannot retain her achievement; the book

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ends with her repeating the words ‘Elizabeth is missing,’ unable to remember that she is at that very moment attending Elizabeth’s funeral.

There is much to be said about Healey’s depiction of Maud. Structurally, the novel makes distinctive use of Maud’s episodic mistakes and confusion to reinforce the switch from past to present tense, signalling quickly and effectively to the reader that the narrative timeline has reverted to the present-day. If Maud has broken a plate, once again called out the doctor needlessly, or forgotten why she has come to the police station, it flags up that the focus is on her modern-day incarnation, not her girlhood self. Thus as the storyline segues between the 1940s and the 21st century, the reader is consistently oriented through the authorial device of Maud’s own disorientation. Certainly this is an economical and stylistically effective technique that relieves the need for forced signposting through period details or the immediate mention of individual characters; cumulatively, however, its regularity means that Maud seems to spend the early chapters in particular bumbling from misadventure to misadventure. At issue in this representation is not whether dementia can lead to embarrassing mistakes, for of course it can. Rather, it is the unrelenting regularity with which these mishaps occur, at least partly for stylistic reasons, that risks turning the person with dementia into a comic figure, who cannot reasonably be expected to participate socially in the ways that might be expected of an adult.

By the point in Chapter 3 where she is scolded by her daughter Helen for ‘running off’ (p.36) in the shop, having broken a Waterford Crystal vase, Maud’s adult self seems to have been cast in a child-parent relationship just as her younger self is with her own parents. The dementia metaphor evoked here is that of the infantilising ‘second childhood’ (Orr, 2010). Both younger and older Maud are patronised and left out of conversations about things that concern her. Even another older female sleuth, Agatha Christie’s famous Miss Marple, was

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not spared her share of gendered, ageist and patronising treatment, but while she always emerged with the last laugh due to her brilliant powers of observation and deduction, Maud is largely limited to sardonic internal commentary ('They want you to have the right props so they can tell you apart from people who have the decency to be under seventy' [p.31]; 'She is only sixty-eight and so *better* than me by a good dozen years' [p.91, my emphasis]) or suppressed frustration ('I wonder whether to shout that I'm not an imbecile' [p.104]) at how she is treated. It is possible to read the text as either primarily collusive with the ways people with dementia are infantilised and marginalised, or as critical of it, depending on how one weighs in the balance Maud's mistakes, her inner commentary, and the revealing juxtaposition of the similar treatment she receives as an early teen and as an older woman.

This juxtaposition is achieved through segues that pivot around resonances between past and present. Critical gerontologists have identified the following implications of this flashback trope, which is common in dementia-themed films: (1) typically there is no attempt to portray the middle years; (2) the resulting comparison between youth and older age heightens the contrast between past and present selves, and tends preferentially to valorise the earlier life-stage; (3) consequently, it becomes more difficult to imagine meaningful exchanges or development in the present (Chivers, 2011, p.82; Swinnen, 2015, p.71). *EiM* conforms closely to this model; once Elizabeth is no longer there, Maud is enthused mostly by solving the riddles of the past, as her self-determination is progressively attenuated and her diversions are mostly frustrating or scarce. Rarely is there even passing mention of the intervening years of adulthood, her marriage and family life. The most real events of her life seem to be those revolving around Sukey's disappearance when she was a young teen. This could be attributed to the commonplace perception that long-ago events are more easily and evocatively recalled by people with dementia than recent ones, but it also reflects the nature of the crime genre,

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where the narrative arcs towards uncovering what really happened in the past and developments in the present are of interest primarily insofar as they contribute to this. Again, different readings are possible of this confluence between cognitive condition and genre: while some have pointed out that trying to understand the person with dementia overwhelmingly in terms of their past can actively work against their potential to participate fully in the present (Bartlett & O'Connor, 2010, p.21-23; Orr & Teo, 2015), it should be acknowledged that attempting to understand and validate apparently meaningless behaviours or utterances in the present by reference to the person's biography and long-standing values forms an integral part of person-centred care (McLean, 2006). Seen in this light, one of the achievements of *EiM* is to present a vivid illustration, accessible for the broad readership to which crime fiction appeals, of why this biographical dimension is so important. It is not until Sukey's corpse is found that Helen makes a connection between her mother's seemingly senseless obsession and the unresolved childhood loss she experienced, despite the fact that the final chapter reveals Helen has known about this family history all along and might have been expected to understand why the lasting impression it left on Maud would make her particularly sensitive to someone else apparently going missing.

Much of the book emphasises the negative side of Maud's life, depicting her as prone to constant mistakes, misunderstandings and humiliations, living in the past because her present holds limited appeal, and largely patronised or ignored by those around her, but it also affords her the chance to talk back, legitimises her concerns that had initially seemed unreasonable, and – impaired cognition or no – allows her the detective's ultimate solace: a solved mystery. The novel's closing words seem to undercut all this by returning her to the start of her quest as she announces, once again, that Elizabeth is missing. Yet read against the grain, rather than assumed to be another sign of forgetting, this is a simple statement of truth. Elizabeth, and for

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that matter Sukey, are missing, both still dead even if we now know what happened to them. Maud misses her. Maud's thoughts when Sukey is found communicate just how powerful the values of family and care have continued to be for her, despite what changes dementia has wrought:

I think for a moment of the cold earth around the pale bones and I feel the same cold creep inside me, and if I had known I would willingly have curled into that wooden chest and kept her company for seventy years. I would never have let her be alone all that time. (p.266)

This comes through too in Helen's dogged determination to care for her mother; although Maud (and the reader) may briefly suspect Helen of plotting to place her permanently in residential care, Helen brings her to live with them. The key comment on the possibility of institutionalisation comes not from Maud, but from her family's lodger in the 1940s, Douglas. Sukey had suggested institutionalising Douglas's mother, who had been driven insane by the loss of her infant daughter; Douglas, horrified by the idea, comments: 'All she ever wanted was to go home, to touch the things my sister had touched' (p.248). *EiM* affirms the value of the ongoing connections forged by important relationships, even across 70 years, extreme forgetfulness, and death. When Maud recalls how her mother 'died never knowing' (p.31) and expresses the fear that the same thing may happen to her, the reader may initially surmise that her mother had dementia too and Maud fears the condition's progression. Ironically, however, Maud explains that she is referring to Sukey's unsolved disappearance; the episode juxtaposes the losses stemming from dementia with the loss of intimate bonds and relationships, asking what really matters more. With its evocation of emotional resonance over cognitive recall, *EiM* acts as an antidote to the 'hypercognitive' (Post, 2000) emphasis of

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contemporary society, staking a claim for the continuing significance of care, family and friendship.

Turn of Mind

In 2011, *ToM* became the first work of fiction to win the Wellcome Trust Book Prize, awarded each year to an ‘outstanding’ work on the ‘theme of health and medicine’ (Wellcome Trust, 2011, n.p.). Surgeon Jennifer White’s best friend Amanda has been murdered and, because of the skilled amputation of four of Amanda’s fingers, Jennifer is under suspicion. As possible motives for Amanda’s murder emerge and clues are found indicating Jennifer’s involvement in the amputation, Jennifer is thought guilty and imprisoned within a high-security psychiatric facility. Despite progressive cognitive decline, she protects her daughter Fiona by hiding what really happened: Fiona killed Amanda and Jennifer later amputated the fingers to conceal evidence of Fiona’s guilt which they were grasping in death.

Compared to *EiM*, *ToM* makes more explicit commentary on life with dementia, not surprisingly given Jennifer’s medical background. This often shows kinship with the ‘living death’ tropes of dementia as Jennifer’s comments make clear how frustrating and frightening she finds the condition. This tone is set early on, as she describes how ‘the synapses cease to fire and my mind rots out’ (p.8) and refers to ‘our minds in varying states of undress’ (p.9). References to ‘violent flare-ups’ (p.4), images of evisceration (p.8) and ‘hatred’ (p.26) evoke perceptions of dementia as characterised by irrational aggression, making the person dangerous to others. When the social worker facilitating her support group encourages them to think of Alzheimer’s disease as “going to a party where you don’t happen to know anyone” and to embrace life under new conditions, Jennifer shows no inclination to adopt this philosophy, thinking instead ‘But what about for the rest of us, for whom the walls are

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closing in? Whom change has always terrified?’ (p.10). Others echo this sense of the terror Alzheimer’s brings with it, such as Detective Luton, the police officer investigating Amanda’s murder: ‘You lose the person you love. And you are left with the shell’ (p.203). Yet there are also moments where Jennifer affirms positives in her current circumstances: she entertains the possibility that talking with her long-dead parents might be an instance of the disease granting ‘impossible requests’ (p.100). This declaration may well be impression management when talking to her work assistant, Sarah, but both here and in the privileged access the narrative perspective allows to Jennifer’s thoughts, Jennifer comes across as stoic – not entirely unfeeling but certainly eminently pragmatic:

I will examine each photo for clues. I will think of the book as a historical document, myself as an anthropologist. Uncovering facts and formulating theories. But facts first. Always. (p.44)

Referring here not just to the murder but also to her own past, this statement epitomises Jennifer’s approach to living with forgetfulness.

Beyond Jennifer’s explicit commentary, the unfolding narrative paints its own picture of the quality of life that she experiences. In the first part, her present-day is depicted partly as a whirl of mental fog, visits by her children – Fiona and Mark – which arouse suspicions of exploitation, and the patronising or exasperated care of Magdalena. Jennifer makes mistakes, but – no doubt in part because of the full-time carer – they seem fewer and are foregrounded much less than Maud’s. Yet in Jennifer’s area of specialist expertise, orthopaedic surgery, and also in areas of personal interest such as hagiography, her considerable stores of surviving knowledge and competence contrast with slips of memory and failures to recognise faces. Even during her mental state examination, she displays a caustic wit that belies her difficulties in answering some questions (pp.14-17). For all that there are early insinuations in

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the narrative that she may be at risk of financial exploitation, and although the evidence of her forgotten episodes of aggression plants seeds of doubt about whether she might be guilty of manslaughter, her dementia never erases for the reader her character as a capable, albeit increasingly disabled, professional woman. The carefully crafted narration from Jennifer's perspective ensures that, in the words of one reviewer, for much of the story 'her waning mind proves a prism instead of a prison' (Slutzky, 2011, n.p.), even as her communicative capabilities become restricted. This too brings certain 'compensations,' as everyone from her carer, Magdalena, through her children, to the detective investigating her case, starts to see her as an ideal confidante, who will listen and often comment honestly, but keep their secrets safe because she won't remember them. Though at one level they are transparently an authorial device to move the plot along by facilitating character revelations, these confessions are generally kept from jarring by their congruence with the recurring religious themes of the text. The interpersonal connections they forge for Jennifer, ephemeral though they may be, go some way to challenging stereotypes that cognitive decline removes individuals from the possibility of meaningful social interactions. Fiona refers to them as 'moments of grace' (p.139). Some of these exchanges may be a qualified, attenuated, or even patronising form of intersubjectivity, but they suggest a degree of honesty that these people would not previously have been able to express to Jennifer, and perhaps they receive a degree of comfort that she would not previously have been able to give them.

Jennifer's situation worsens towards the book's conclusion. She compares herself with a baby experiencing colic, anticipating her imminent descent into 'that state of inarticulate rage and suffering, the state Fiona started her life in' (p.207); she describes being 'trussed like a chicken' and 'denied the right to move my bowels in private' (p.214) once she is moved to a high-security institution. The story's resolution nevertheless affirms her willpower and

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determination even in the face of dementia, as the narration muses ‘now that it is over, now that it’s near the end, she can think. She can allow herself to drift to places that before she would not go’ (p.297). Despite her cognitive decline, despite the best efforts of the police, and despite lapses when she yielded up her concealed scalpel and revealed Fiona’s involvement in the clean-up, Jennifer has kept Fiona’s guilt hidden and carried through her own sacrifice. Though Jennifer is apparently no longer articulate enough to sustain a first-person narrative, the switch to third-person works to affirm the truth-value of this statement and her final triumph, contributing to assuage the reader’s doubts about whether her agency has extended this far throughout or has been largely serendipitous. While she has lost much, she preserved sufficient abilities and disposition to care to accomplish this feat. The last words of the book suggest she has attained a form of spiritual acceptance or reconciliation with her fate.

There remain unsettling aspects to this ending. I am thinking here not so much of Jennifer’s success in becoming an accessory to murder, which is rendered understandable by her motivation in family loyalty, by how the events of Amanda’s death unfolded, and by her refusal to allow Fiona to absolve herself by romanticising events (p.304). Rather, I am concerned more with how her sacrifice might be read in ethically troubling ways. Capstick et al. (2015, p.237) suggested that dementia is often presented in crime narratives as potentially retributory: a ‘punishment’ for immoral past actions. Jennifer herself alludes to this possibility after her admission to residential care, commenting ‘Like me, he understands that he is incarcerated for crimes past’ (p.148) and ‘Everyone here has committed a crime’ (p.155); she returns to the theme of paying for sins when transferred into high-security accommodation (p.214). In *ToM*, most, if not all, of the principal characters reveal varying measures of guilt, and the denouement indicates that the sins Jennifer pays for were in fact

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Fiona's. Or perhaps she is paying for her own role in covering up and benefiting from her husband James' embezzlement? An earlier conversation in which she pondered whether it was possible for 'spiritual flaws [to] lead to physical illnesses' (p.78) – such as Alzheimer's disease – makes it hard to rule out this interpretation as, despite Jennifer's hard-headed, scientific outlook, religion is a key interest of hers and a recurring sub-theme in the novel.³

ToM's treatment of its morally ambiguous cast does not facilitate black-and-white judgements of deservingness or blame. Such intimations of retributory justice therefore remain shadowy possibilities rather than fully-formed symbolism, depending for their force on whether the individual reader's own 'turn of mind' leans more towards the spiritual or the rationalistic themes in the novel. In this, and in the question of how much spiritual and relational compensations can meaningfully do to balance the harsh cognitive and physical indignities Jennifer suffers, any view can be held only tentatively, much like the narrator uncertainly gropes her way to interpreting situations that often puzzle her: 'My guess is that a smile would be inappropriate. Fear might not be' (p.3). The text does not shy away from portraying the bleakness of many dementia experiences, but importantly it leaves scope for finding and holding on to meaning in the face of cognitive impairment.

Conclusion

EiM and *ToM* both portray people with dementia as problem-solvers, a contribution that is particularly powerful within a genre based on the resolution of puzzles. If this were all they did, adding to the stock of illness-related narratives that highlight protagonists struggling courageously against their affliction would in itself be significant. However, specific dimensions of the crime genre help ensure that there is more to these works than rehearsing this familiar 'heroic' trope. Paul Auster draws attention to 'what the notion of 'crime' does to

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the reader', encouraging him/her to 'become like a detective, alert to matters that might seem otherwise inconsequential, aware that we are reading two novels at the same time' (Auster, in Bradford, 2015, p.121): one following the characters' interactions as they unfold in the present; the other tracing clues to uncover the events that gave rise to the mystery. In *EiM*, therefore, readers are forced to pay attention to Maud's musings in a way they normally wouldn't, precisely because of the demands the genre places on the reader to interrogate every aspect of the narrative for clues; something similar occurs with *ToM*. This genre feature is further heightened in both novels by the patchy recall of the narrator, her consequent unreliability, and the resulting requirement that the reader retain information for her. Both Healey and LaPlante use authorial techniques such as concurrent narration, use of the first-person present tense to tell the story, to add to this effect, rendering the immediacy, dramatic tension, and above all the empathic involvement of the story more pronounced (Margolin, cited in Bitenc, 2012). Paying such close attention to what someone with dementia has to say contrasts with the dismissive attitudes more typically on display in society, which are amply illustrated by the novels' other characters. The discrepancy encourages the reader to reflect on what happens when talk by people with dementia is ignored as fabulation, stray and misplaced memories, or foolish ramblings, and to ask what this failure to listen actively might cause to be missed.

Besides this valuable contribution, critics can find in both works concerning features which reinforce problem-based discourses around dementia. Some of these problematic aspects are perhaps mitigated by framing these narratives within the context of their genre. Doing so is a reminder that the genre of crime writing inherently deals with mortality, loss, and human fallibility. It is against this backdrop that the figure of the detective attempts to restore some sort of order and find meaning, not always successfully, and therefore it is likely that the

affirmative messages of the text will be in some respects underwhelming. Nevertheless, in the very choice of assigning the detective role to protagonists with dementia, these texts raise the possibility of redeeming their narrative potential, envisaging that they can continue to make meaning for others in the face of challenges that constitute an apparently unsolvable puzzle. Moreover, the strong female, family relationships of care portrayed convey messages about the lasting significance of empathy, compassion and inter-subjectivity, which outlast the onset of cognitive impairment and highlight that memory loss need not put a stop to what a person most values. In themselves, the texts are subject to the contingencies of reading and multiple interpretations, and do not encode any single, unequivocal message about the significance of living with dementia. In the stimulus they provide to reflection, however, through a genre that has wide appeal and makes effective use of suspense and misdirection to engage its readers closely with its stories, they are an important and distinctive addition to the range of novelistic treatments of dementia.

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¹ Some scholarship makes passing reference to crime fiction within a wider discussion (Bitenc, 2010; Capstick, Chatwin & Ludwin, 2015). Burke (2018) discusses *EiM* without specifically addressing its relationship to the crime genre. Only Wearing's (2017) study of dementia within TV crime shows prominently foregrounds the genre.

² Edgar Allen Poe, Wilkie Collins, and Arthur Conan Doyle are among the pioneering writers predating this period.

³ Discomfiting as this notion of dementia as karmic justice may be, still more so is the possible insinuation that Jennifer's sacrifice – the culmination of the novel – is justified because, due to her dementia, she has nothing left to live for, while Fiona is young, healthy, and therefore does. One thinks of Snyder and Mitchell's (2007) suggestion that killing off disabled characters is often a favoured way of achieving narrative closure, conveniently eliminating the 'difference' they represent.